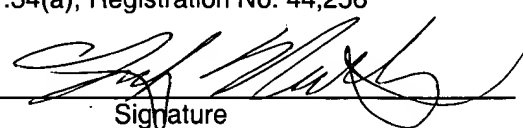




PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)		Atty. Docket No. 00-39															
Inventor(s): DALY																	
Appln. No.: 09/670,781		Conf. No.: 6751															
Filed: September 27, 2000																	
Title: System, Method and Package for Providing a Sucrose Solution																	
Examiner: Weinstein, S.		Group Art Unit: 1761															
Express Mail Label No. (if applicable): EL 997387222 US																	
<p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>June 30, 2004 (3-month date would have fallen on June 31, 2004)</u> are as follows:</p> <p>(check time period desired)</p> <table><tr><td><input type="checkbox"/></td><td>One month - 37 C.F.R. § 1.17(a)(1)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months - 37 C.F.R. § 1.17(a)(2)</td><td>\$ <u>420.00</u></td></tr><tr><td><input type="checkbox"/></td><td>Three months - 37 C.F.R. § 1.17(a)(3)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Four months - 37 C.F.R. § 1.17(a)(4)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months - 37 C.F.R. § 1.17(a)(5)</td><td>\$ _____</td></tr></table> <p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p> <p><input checked="" type="checkbox"/> Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)</p> <p><input type="checkbox"/> A check covering the amount due of \$ _____ is enclosed (check no. _____).</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 44,256</p> <p><u>August 31, 2004</u> Date</p> <p><u></u> Signature</p> <p><u>Timothy Nathan</u> Typed Name</p>			<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ _____	<input checked="" type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ <u>420.00</u>	<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ _____	<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____	<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$ _____
<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ _____															
<input checked="" type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ <u>420.00</u>															
<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ _____															
<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____															
<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$ _____															

09/17/2004 CNGUYEN 00000087 500558 09670781

01 FC:1252 420.00 DA

**FEE TRANSMITTAL**

(Effective 10/01/2003)

"Express Mail" Label No. EL 997387222 US

TOTAL AMOUNT OF PAYMENT \$ 420.00

Application Number	09/670,781
Filing Date	September 27, 2000
First Named Inventor	DALY
Confirmation Number	6751
Group Art Unit	1761
Examiner's Name	Weinstein, S.
Attorney Docket No.	00-39

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 50-0558 Deposit Account Name Respironics, Inc. <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed: Check (Check No. _____)			
FEE CALCULATION (fees effective 10/01/2003)			
1. FILING FEE			
Large Fee (\$)	Entity Fee (\$)	Small Fee (\$)	Entity Fee (\$)
1001 770	2001 385	1051 130	2051 65
1002 340	2002 170	1052 50	2052 25
1003 530	2003 265	1811 100	1811 100
1004 770	2004 385	1812 2,520	1812 2,520
1005 160	2005 80	576 25	576 25
SUBTOTAL (1) \$ 0.00		1805 1,840* 1805 1,840*	
2. CLAIMS		1251 110 2251 55	
Total Claims	Extra Claims	1252 420 2252 210	
Ind. Claims	Fee from Below	1253 950 2253 475	
Multiple Dependent Claims add	Fee Paid	1254 1,480 2254 740	
* Enter Highest Number Previous Paid For		1255 2,010 2255 1,005	
Large Fee (\$)	Small Fee (\$)	1401 330 2401 165	
1202 18	2202 9	1402 330 2402 165	
1201 86	2201 43	1403 290 2403 145	
1203 290	2203 145	1451 1,510 1451 1,510	
1204 86	2204 43	1452 110 2452 55	
1205 18	2205 9	1453 1,330 2453 665	
SUBTOTAL (2) \$ 0.00		1501 1,330 2501 665	
		1502 480 2502 240	
		1814 110 2814 55	
		1460 130 1460 130	
		1807 50 1807 50	
		1806 180 1806 180	
		8021 40 8021 40	
		1809 770 2809 385	
		1801 770 2801 385	
		Other Fee (specify) _____	
		SUBTOTAL (3) \$ 420.00	

SUBMITTED BY			
Typed or Printed Name	Timothy Nathan	Reg. Number	44,256
Signature		Deposit Account Number	50-0558
Date	August 31, 2004		